

Robert Lee Addison

Town

County

MARYLAND

Died at

Thurmont

Frank

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan 29

Age

—

1

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Chas. Addison

Mother's

Maiden Name

Mollie Gilkide

Cause of

Primary

Guanaroma Infantile

How long sick

1 da

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

S. M. A. Birch

150

Address

Thurmont

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

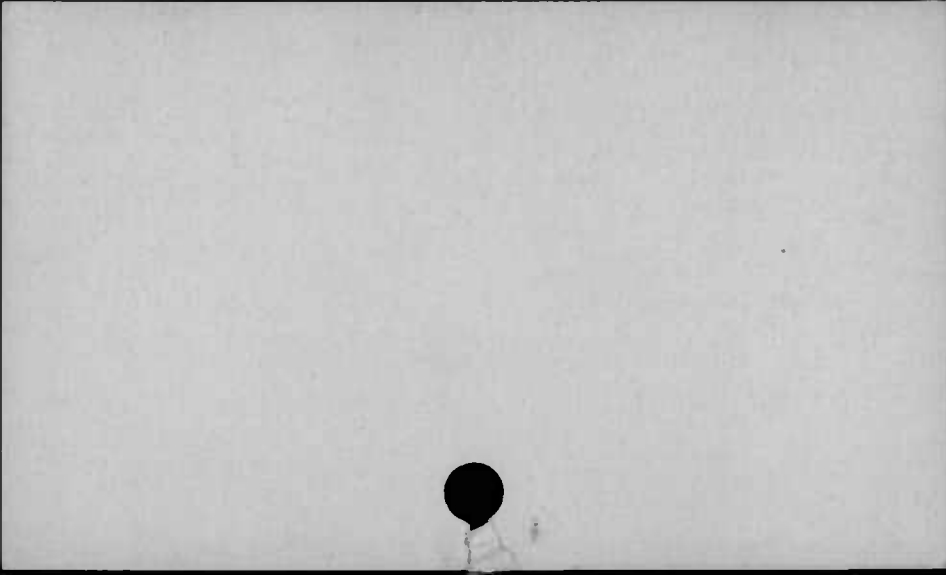


Name In Full *Matilda Ambrose*
 Died at *Orisfield* *Frederick* *MARYLAND*
 Date 1903 *Jan 29* Month *Jan* Day *29* Y. *74* M. *0* D. *16* Native of *Ind* Occupation *—*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

Husband of *Geo. H. Ambrose (deceased)*
 Wife
 Father's Name *Daniel Marker* Mother's Maiden Name *Mary*
 Cause of Death { Primary *Cerebral Softening.* How long sick *Four years.*
 { Immediate *Paralysis.* *65* ~~Accident, Suicide, Homicide~~

Reported by *E. C. Chapman M.D.*
 Address *Churmount, Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Michael Beck

Town **Woodabow** County **Fredrick** **MARYLAND**

Died at **Woodabow** **Fredrick**

Date 1903 **Jan** **7** Age **69-10-9** Native of **Md** Occupation **Carpenter**

Male **White** Married **Widow** Divorced **Widow**

Female **Colored** Single **Widower** Number of children living **3**

Husband of **Alice Butler**

Father's Name **Adam Beck** Mother's Name **Elizabeth Gilbert**

Cause of Death { Primary **Dropsy** } **Caused by valvular trouble of heart & chronic nephritis** How long sick **9 months**

Death { Immediate **General debility** } **Accident, Suicide, Homicide**

Reported by **C. A. Stutz M. D.**

Address **Woodabow Md. 79**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lucinda Bishop

CERTIFICATE OF DEATH

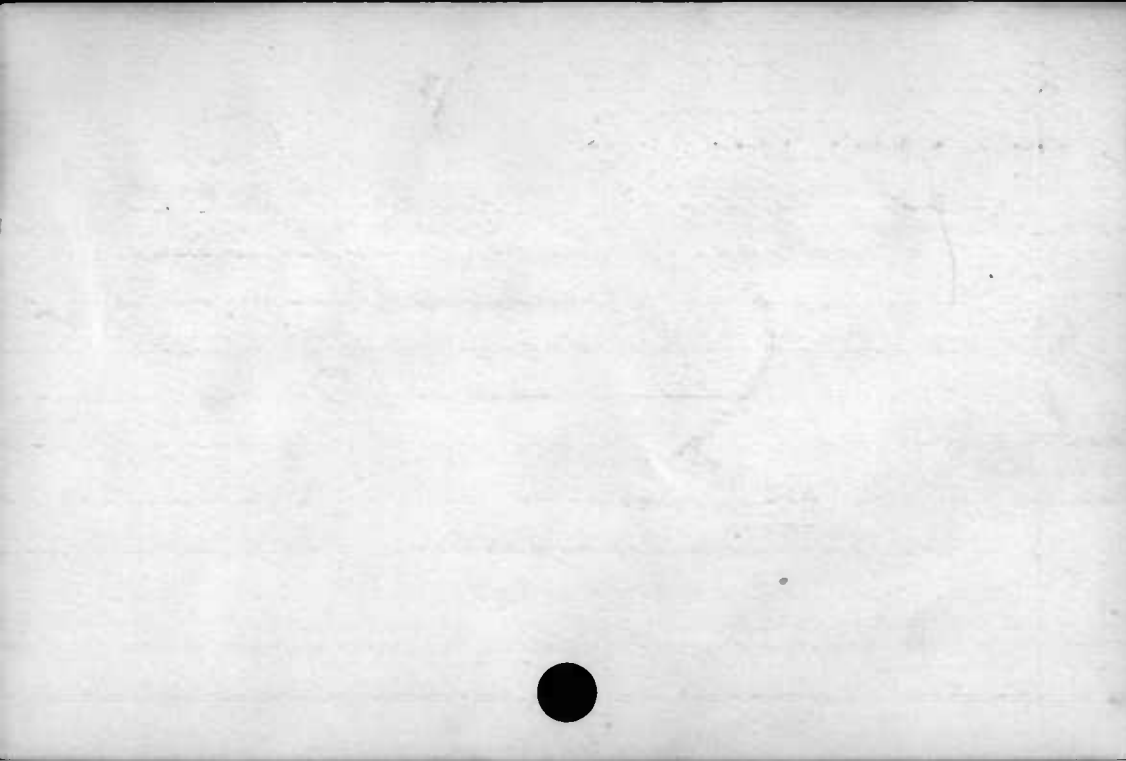
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monticello</i> ^{Town}		<i>Shenandoah</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>1</i>	Day <i>31</i>	Age <i>40(?)</i>	Years	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>+</i>		
Married, Single or Widowed <i>X</i>			Occupation <i>+</i>		
Name of Wife or Husband <i>+</i>					
Father's Name <i>+</i>			Father's Birthplace <i>+</i>		
Mother's Maiden Name <i>+</i>			Mother's Birthplace <i>+</i>		
Name of person giving information <i>Committed to Asylum by County Commissioner of Shenandoah Co. Md.</i>			How related to deceased <i>+</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Insanity</i>	How long <i>68</i>
Immediate <i>Insanitation</i>	How long <i>Asm 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>+</i>	Signature of Physician <i>S. S. Wagner</i>
	Address <i>17 Belmont St. W.</i>
Accident or Suicide?	



Martha Black

Town

County

MARYLAND

Died at

Thurmont

Frederick

Month Day

Y.

M.

D.

Native of

Occupation

Date 19

08

Jan 6

Age

70. 5- 5-

Md -

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Arterial Sclerosis -

How long sick

11 days

Death

Immediate

Apoplexy - Thrombosis

Accident, Suicide, Homicide

Reported by

S. M. A. Birch

by

Address

Thurmont -

Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Manuf Boone</i>		Town <i>Bridgetown</i>		County <i>Bridgetown</i>		MARYLAND	
Died at		Date of death 1903		Month <i>Jan'y.</i>		Day <i>15</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Age <i>83</i>		Months <i>0</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>none</i>		Birth-place <i>Yud.</i>		Days <i>0</i>	
Name of Wife or Husband <i>Moses Boone, dec'd.</i>		Father's Name <i>Unknown</i>		Father's Birthplace		Mother's Maiden Name <i>Unknown</i>	
Name of person giving information <i>120</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Chronic Bright's disease, Heart</i>		How long <i>Two years</i>	
Immediate Cause <i>Asphyxia</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. D. Haffner</i>	
Address <i>Bridgetown, Yud.</i>			
Accident or Suicide? <i>8</i>			



Ellen Boteler

Town

County

Died at

Park Mills

Arch

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

129

Jan

12

Age

80

Married

Home wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Benjamin Boteler

Wife

Father's

Name

Philip Thomas

Mother's

Name

Rebecca Thomas

Cause of

Primary

How long sick

Sudden death

Death

Immediate

Heart trouble 79

Accident, Suicide, Homicide

Reported by

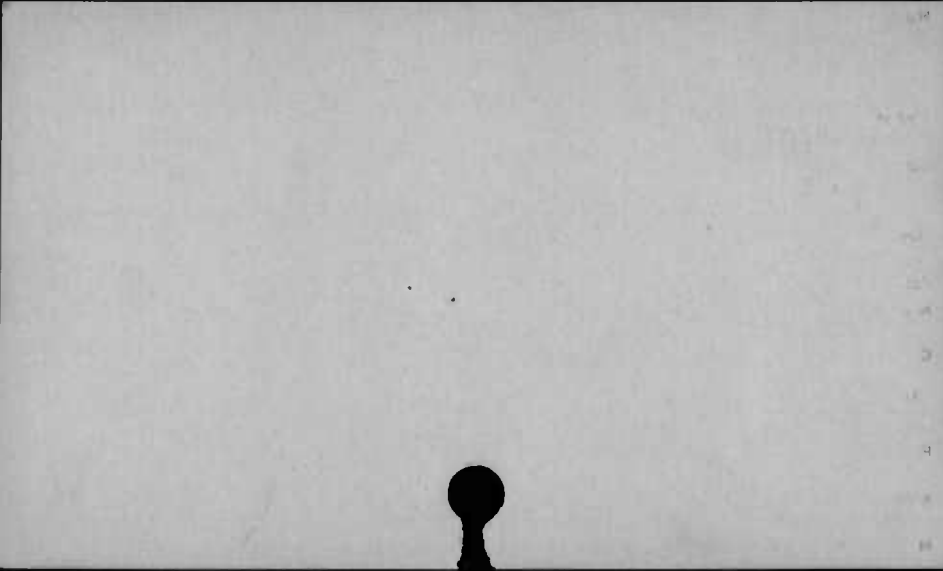
Geo W Peters

Undertaker

Address

Dakota Minn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Margaret Bruchey
 Town County

MARYLAND

Died at

Montreal

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

1

12

Age

74

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Disease of Heart Torques

How long sick

About 1 year

Death

Immediate

Dropsy

Accident, Suicide, Homicide

Reported by

Dr. E. S. Mansuet 79

Address

17 Tremont St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70003



Name In Full

Certificate of Death

Elvith M. Janner

Town

County

Died at

MARYLAND

Date 1993

Month

Day

Y.

M.

D.

Native of

Occupation

1 25-

Age

11 2

Frostburg, Md.

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Meningitis - cerebral

Death

Immediate

Exposure - sepsis -

How long sick

1 week

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Miel Burger

CERTIFICATE OF DEATH

Died at <u>Near Hyattstown</u>		Town <u>Frederick</u>		County <u>Frederick</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>1st</u>	Day <u>11</u>	Age <u>79</u>	Years <u>79</u>	Months <u>—</u>	Days <u>26</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Near Hyattstown</u>					
Married, Single or Widowed <u>Undone</u>		Occupation <u>Farmer</u>					

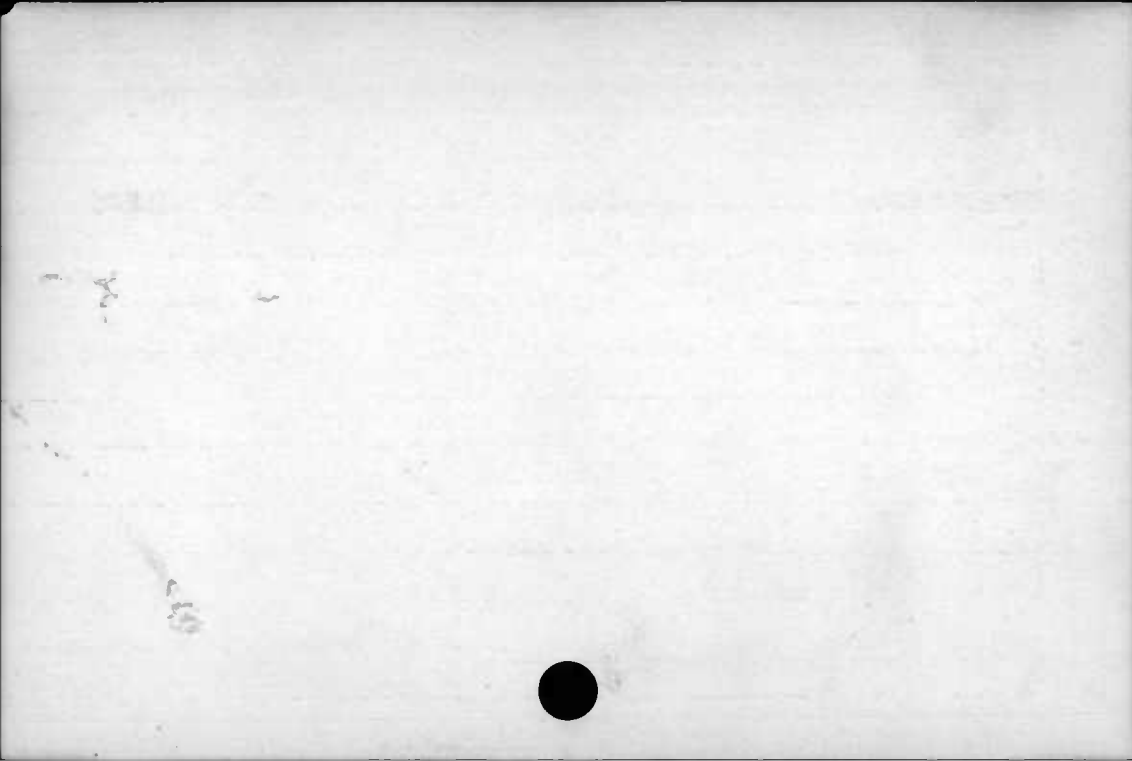
Name of Wife or Husband			
Father's Name <u>Miel Burger</u>	Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Hellie Waters</u>	Mother's Birthplace <u>—</u>		
Name of person giving information <u>Hellie Burger</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

Primary <u>Senility</u>	How long <u>1st</u>		
Immediate <u>Gastritis</u>	How long <u>One month</u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. P. Selway M.D.</u>	Address <u>Hyattstown Md.</u>	
<u>8</u>	Accident or Suicide?		



Name in Full		Lilian Coleman				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Near Unionbridge of Frederick	County		MARYLAND		
		Date of death 1903		Month Jan	Day 7	Years 10	Months 3	Days 22	
		Sex Female		Color or Race White		Birth- place Near Unionbridge			
		Married, Single or Widowed Single		Occupation					
		Name of Wife or Husband							
		Father's Name Edward Coleman		Father's Birthplace Near Unionbridge					
		Mother's Maiden Name Daisy Angle		Mother's Birthplace Near Johnsville					
		Name of person giving information P. C. Grosnickle		How related to deceased 2 weeks (M)					
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Pneumonia 93		How long		2 weeks	
		Immediate		Cardiac Failure		How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. D. Rubin Brown M.D.	
				Address		Union Bridge,			
		Accident or Suicide?				Sub Reg		Johnsville	



Name in Full

Certificate of Death

Died at

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Michael Cramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	<i>3</i> <small>Month</small>	<i>2</i> <small>Day</small>	Age <i>89</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>17</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Laborer</i>		
Name of Wife Husband <i>Alorotha Kratz</i>					
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information <i>Mary Kniffle</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>104</i>	How long
Immediate <i>Acute Gastritis (with exhaustion)</i>		How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>B. H. Holt, M.D.</i>	Address <i>Frederick.</i>
<i>X</i> Accident or Suicide?		<i>Ind.</i>



Margaret C. Crider

Town

County

Died at

Dorfield

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 13th

Age 78-

hus Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Singl~~~~Widow~~

Number of children living

~~Wife~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Organic Heart Disease

How long sick

Three yrs

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. C. Kefauver M.D.

Address

Shurmont, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lillie Lanner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>1</i>	Day <i>26</i>	Age <i>0</i>	Years	Months <i>8</i>	Days <i>6</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Frederick</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>William Lanner</i>				Father's Birthplace <i>Frederick md</i>			
Mother's Maiden Name <i>Florence Johnson</i>				Mother's Birthplace " "			
Name of person giving In formation <i>Labella Brown</i>				How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneum.</i>	How long	<i>Several Weeks</i>
Immediate	<i>Marasmus.</i>	How long	<i>About 1 mo.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. U. G. Bourne</i>
		Address #	<i>52 W. All Saints St Frederick, Md.</i>
Accident or Suicide?			



Name in Full *Mary Suppina*
 Died at *Pleasant Field* County *Fredk Co* MARYLAND
 Date 19*13* Month *Jan* Day *7* Y. *1* M. *7* D. *7* Native of *Ind* Occupation *Infant*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband of
 Wife

Father's Name *Allegethinal* Mother's Maiden Name *Lottie Suppina*

Cause of Death { Primary *Pneumonia* Immediate *"* 93
 How long sick *one week*
 Accident, Suicide, Homicide

Reported by *Mr. Whitely*

Address *Unionville Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hubert Guy Dussing

Died at ^{Town} near Wolfsville

County Frederick

MARYLAND

Date
of death 1903

Month

Jun

Day

3

Years

Age

1

Months

16-4

Days

15

Sex

male

Color or
Race

White

Birth-
place

near Wolfsville

Married, Single
or Widowed

Single

Occupation

Infant

Name of Wife or
HusbandFather's
Name

Josephus Dussing

Father's
Birthplacenear
WolfsvilleMother's
Maiden Name

Ellen Forest

Mother's
Birthplacenear
WolfsvilleName of person giving
in formation

Daniel Liboldt

How related
to deceased

Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

92

How long

Immediate

Capillary Pneumonia

How long

about 3 wks

Are the name, age, sex, color, date
and place correctly given above?

Yes

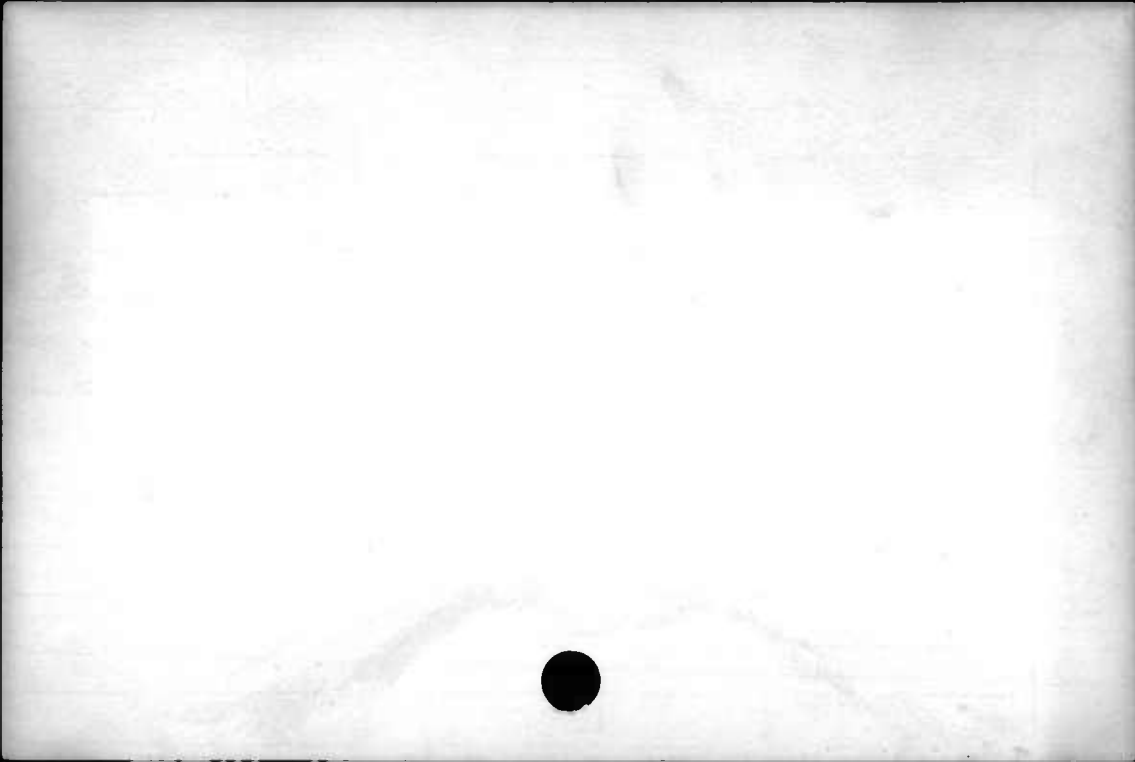
Signature of
Physician

A. J. Smith, M.D.

Address

Wolfsville
Md

Accident or Suicide?



Name in Full

Certificate of Death

Philip Corine Edwards

Town

County

Died at

Heele

Fred

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1

26

Age

62

7

12

England

Minister

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

6

Husband of

Henry Edwards.

~~Wife~~

Father's

Name

John Edwards

Mother's

Maiden Name

Martha Richards.

Cause of

Primary

Carcinoma of liver

How long sick

3 months

Death

Immediate

Exhaustion

40

Accident, Suicide, Homicide

Reported by

C. H. Conley.

Address

Adams River, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Philip Edwin Edwards.

Town

County

Died at

Stouls

Ind.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1 26

Age

62 7

England

Minister

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Mary Josephine Edwards

45

Father's

Mother's

Name

John Edwards

Maiden Name

Martha Richards

Cause of

Primary

Cerebrovascular

How long sick

6 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

O. D. Cunley.

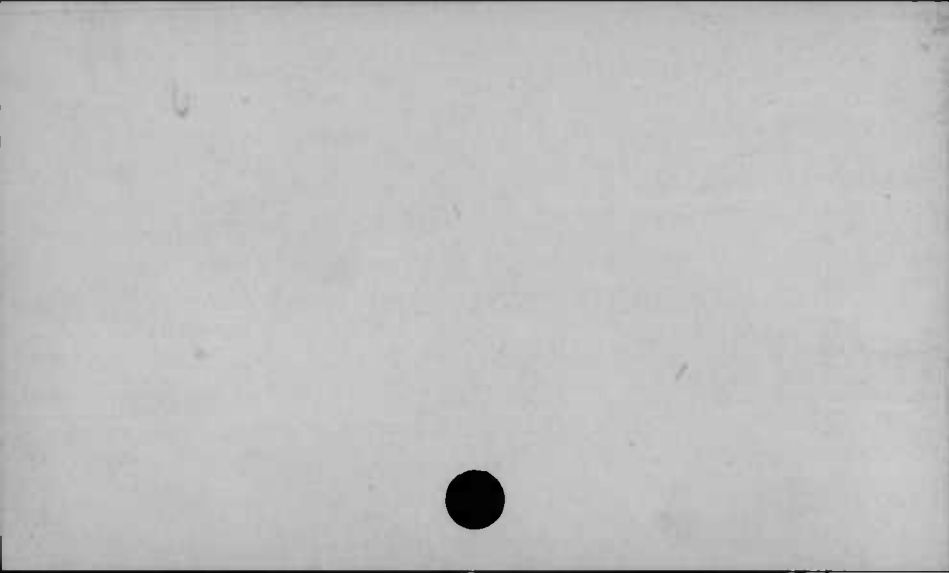
Address



Adamsstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ind.



Annie E. Engle

Town

County

Died at

Graceland Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 19th

Age

76-7-1

Md.

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Four

Husband of

Wife

Father's

Name

Nicholas Engle (deceased)

Mother's

Maiden Name

Cause of

Primary

Cerebral Softening And Arteriosclerosis

How long sick

Two years.

Death

Immediate

Angina Pectoris or Occlusion of Coronary Arteries.

~~Accident, Suicide, Homicide~~

Reported by

E. C. McFarren M.D.

Address

Shurmont. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

0170/13

Name in Full

Certificate of Death

Julia Ann Ford

Died at

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1

30

Age

88

Md

Retired

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Joseph Ford

Don't know

Mother's

Name

Don't know

Cause of

Primary

Pneumonia

Death

Immediate

Exhaustion

93

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

S. S. Magnard

Address

17 Grand St. N.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

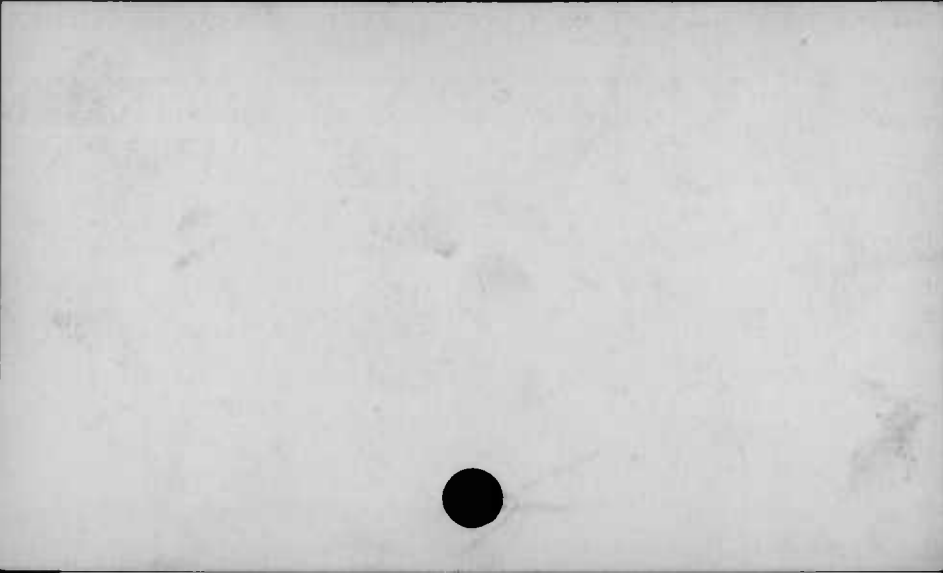
LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Henry Clay Geisbert												
Died at			Bragersstown				County		Frederick	MARYLAND		
Date		1903		Jan 31		Age		21-5-6		Md	Laborer	
Male		Female		White		Colored		Married		Single		
Widow		Widower		Divorced		Number of children living						
Husband of _____												
Wife _____												
Father's Name					Upton M. Geisbert					Mother's Name	Mary S. Hoffman	
Cause of		Primary							How long sick		10 days	
Death		Immediate							Accident, Suicide, Homicide			
Reported by											J. D. S. Young M.D.	
Address											Bragersstown	Frederick Co.
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister												



Name
in
Full

Harry Griffith

CERTIFICATE OF DEATH

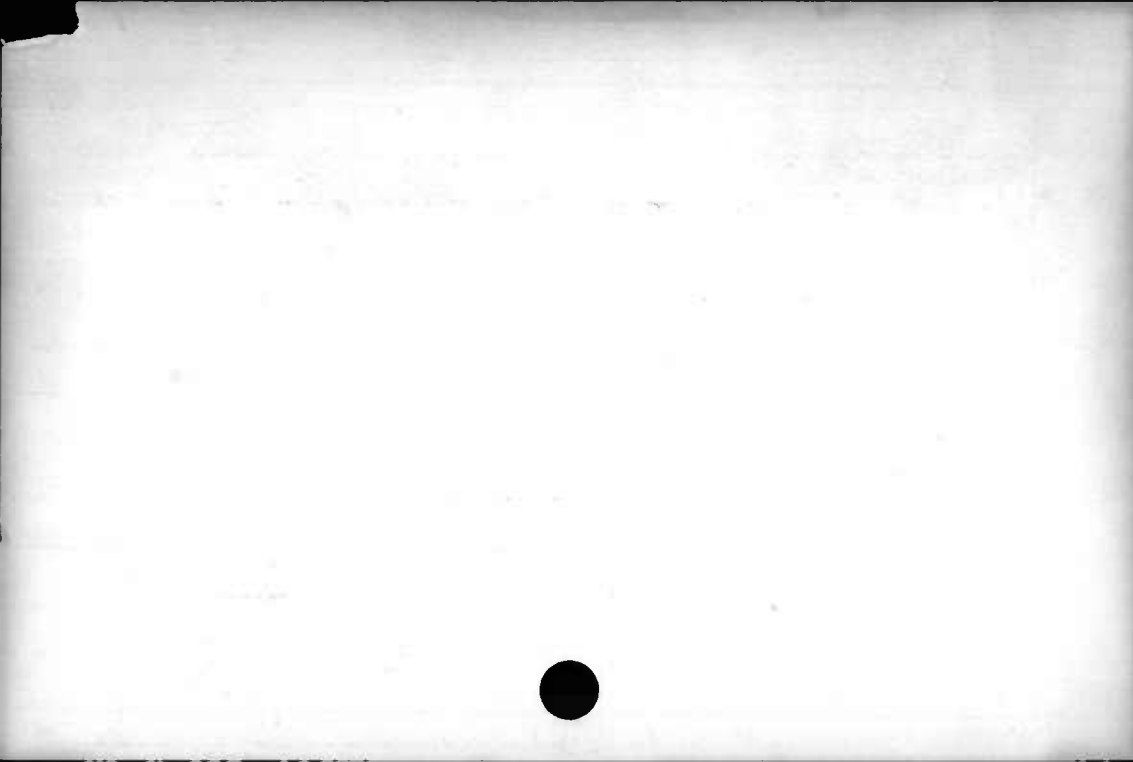
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
July		14		96			
Sex	Male	Color or Race	Black	Birth-place	Md.		
Married, Single or Widowed	Married			Occupation	Labourer		
Name of Wife or Husband							
Father's Name				Unknown			
Mother's Maiden Name				Unknown			
Name of person giving information				90		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis	How long	Two weeks
Immediate	Asthma & Apnoea	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S. H. Haffner	
Address		Bradwick Md.	
Accident or Suicide?			



Name In Full

Certificate of Death

Mr. A. S. Groke.

Town

County

Died at *Seabrook*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

1

31

Age

80

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dilatation of Heart

How long sick

May years.

Death

Immediate

Heart failure.

Accident, Suicide, Homicide

Reported by


W. H. M. Brown

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75808



Name In Full *John Lee*
 Town *Liberty* County *Frederick* MARYLAND
 Died at *Liberty*
 Date 19 *13* Month *Jan* Day *6* Age *77* Native of *Maryland* Occupation *Labrer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *3*
 Husband of *Margaret Misinger*
 Wife *Not known*
 Father's Name *Not known* Mother's Maiden Name *Not known*
 Cause of Death { Primary *General debility* Immediate *Heart failure* } How long sick *3 weeks* 184
 Reported by *Thomas Sims*
 Address *Liberty Town*  *Maryland*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Hall

Town

County

Died at

Petersville

Dundwich

MARYLAND

Date

1913

Month

1

Day

10

Y.

18

M.

D.

Native of

Md

Occupation

house girl

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tuberculosis

How long sick

Month

Death

Immediate

Accident, Suicide, Homicide

Reported by

Linn Claggett MD

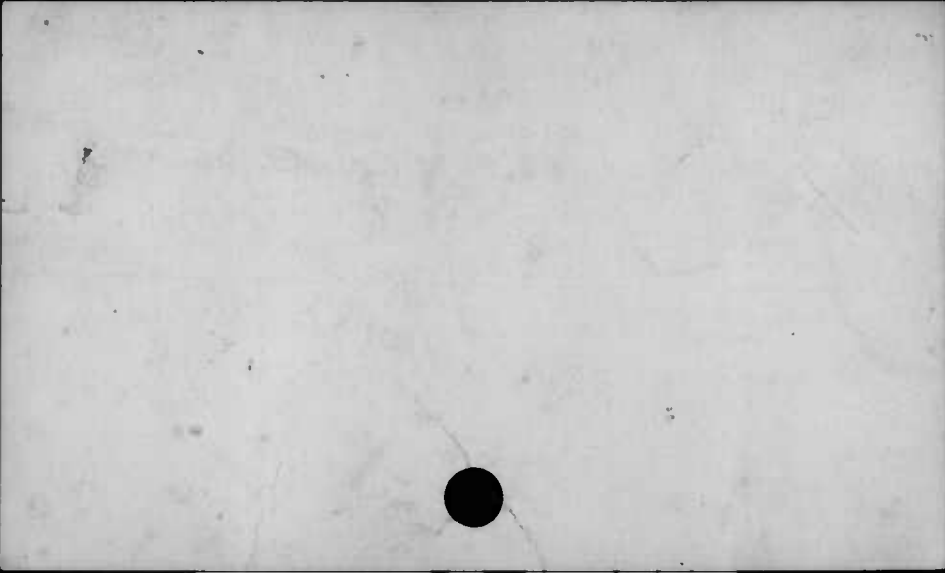
Address

Petersville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUPEAU. 79008



Martha Ella Haun

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

Jan 4

Age

53.9.22

Native of

Occupation

Frederick Md House wife

Female

White

Married

Widow

Number of children living

Husband

of

Ephraim D Haun

Father's

Name

Mother's

Maiden Name

Margaret-McLain

Cause of

Primary

How long sick

12 weeks

Death

Immediate

Asthma

179

~~Accident, Suicide, Homicide~~

Reported by

Dr. M. A. Birch

Address

Thurmont Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Hawker Amos Marion

Died at ^{Town} Mountville^{County} Frederick Co

MARYLAND

Date 189 ^{Month} '03 ^{Day} 1 - 24Age ^{Y.} 18 ^{M.} 7 - ^{D.} 14

Native of Fred Co

Occupation

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
Name John HawkerMother's
Name Della Ann HaleCause of
Death { Primary Cardiac Dropsy 79

How long sick

108 days under my care.

Immediate Encephalitis (in trunk)

Accident, Suicide, Homicide

Reported by Henry P. Fahrney, M.D.

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate
received from _____
of _____

Name in Full

Certificate of Death

Martha Jay Hays

Town

County

Died at

Wolfsville

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan.

15

Age

0-1

6

md

Infant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Albert E. Hays

Mother's
Maiden Name

Jennie Stadler

Cause of

Primary

Death

Immediate

Double Pneumonia

How long sick

1 wk

Accident, Suicide, Homicide

Reported by

A. J. Smith M.D.

Address

Wolfsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

md

LIBRARY BUREAU, 70032



Died at

Date 1903

~~Male~~

Female

White

~~Colored~~~~Married~~

Single

~~Widow~~

Widower

~~Divorced~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Double Pneumonia

How long sick

Accident, Suicide, Homicide

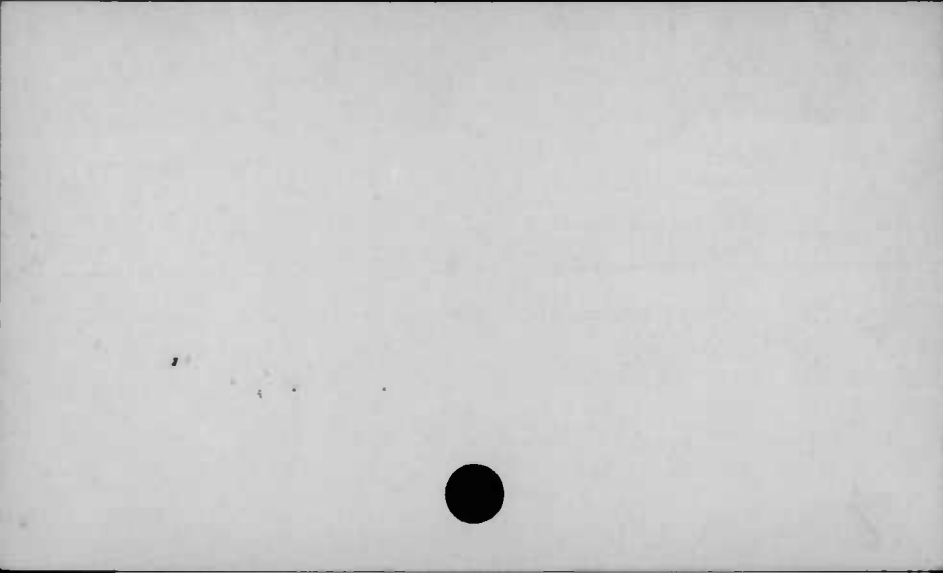
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sophia Gay Hays
 Town Wolfsville County Frederick MARYLAND
 Died at Jan. 12 Y. 1 M. 3 D. Native of md Occupation Infant
 Age 1-3
 Number of children living

A. J. Smith, M.D.
 Wolfsville,
 Md.



Amelia Hickman

Died at *Frederick*

County

MARYLAND

Date *1903* Month *1* Day *5* Y. *42* M. *—* D. *—* Native of *md* Occupation *Laundress*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ *0*

~~Husband~~ of *Philip Hickman - deceased*
 Wife of *Philip Hickman - deceased*
 Father's Name *Basie Palen* Mother's Name *Jane Palen*

Cause of Death { Primary *Pneumonia* How long sick *2 weeks*
 Immediate *Exhaustion* *93* Accident, Suicide, Homicide

Reported by *W. J. Gividen md*

Address *8*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harry Clifton Hill

Town

County

Died at Unionville Frederick

MARYLAND

Date 1903 Jan. 17 Age 28 X 10

Month	Day	Y.	M.	D.	Native of	Occupation
					Ind	Labourer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living X

Husband of
Wife of Belle Dorsey

Father's Name H. Hill Mother's Maiden Name Annie Snowden

Cause of Death { Primary Sworn burns How long sick 6 weeks 5 days

Death { Immediate Quick Phthisis 2 Accident, Suicide, Homicide

Reported by Thomas P. Sappington M.D.

Address Unionville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha J. Fookinson

CERTIFICATE OF DEATH

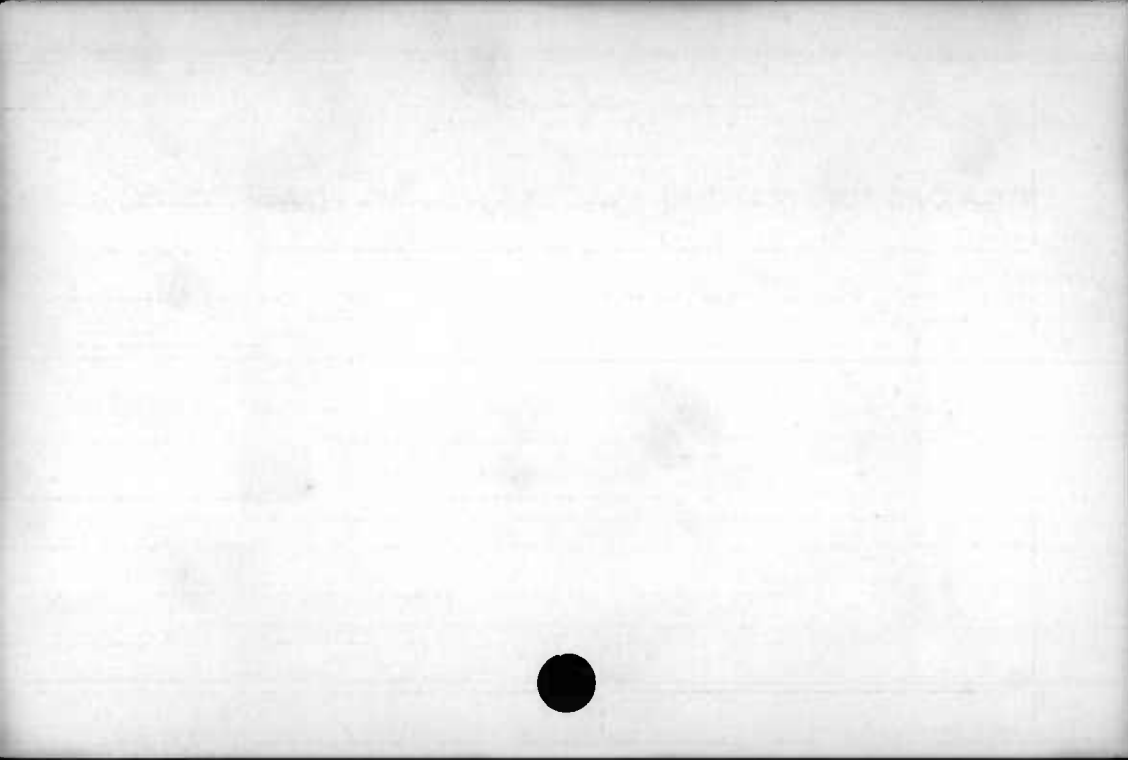
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i>		Town		<i>Dorchester</i>		County		MARYLAND			
Date of death 190 <i>3</i>		Month <i>Jan</i>		Day <i>29</i>		Age <i>63</i>		Years <i>2</i>		Months <i>14</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>							
Married, Single or Widowed <i>Widow</i>		Occupation <i>none</i>									
Name of Wife or Husband <i>John Fookinson</i>											
Father's Name <i>Chas Beckwith</i>		Father's Birthplace <i>England</i>									
Mother's Maiden Name <i>Polly Rabbitt</i>		Mother's Birthplace <i>Md</i>									
Name of person giving information <i>Mrs Hank Willard</i>		How related to deceased <i>daughter</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture at base of skull</i>		How long <i>7 hours</i>	
Immediate <i>16 hr</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. G. Horine</i>	
Accident or Suicide? <i>Accident</i>		Address <i>Brunswick, Md</i>	



Name in Full

Certificate of Death

James Johnson ColoredDied at Monteith Hospital Fred TC Co MARYLANDDate 19 03 Jan 16 Month Day Y. M. D. Age 50 Native of Md Occupation —

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~Colored~~Single~~~~Widower~~Number of children living —Husband of —

Wife

Father's

Name

Mother's

Maiden Name 27

Cause of

Primary

Consumption Pulmonary

How long sick

Several years

Death

Immediate

Fracture

Accident, Suicide, Homicide

Reported by

S. S. Magnus M.D.

Address

817 Second St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

UNSAVED BUREAU, 75005



Died at *Luxistown* ^{Town} *Fredrick* ^{County} **MARYLAND**
Date 1903 *1* ^{Month} *7* ^{Day} *Still Born* ^{Y. M. D.} ^{Native of} ^{Occupation}
~~Male~~ ^{White} ~~Colored~~ ^{Married} ^{Single} ^{Widow} ^{Widower} ^{Divorced} ^{Number of children living}
Husband of _____
Wife _____
Father's Name *John H Kaufman* ^{Mother's} *Lucinda Rogle* ^{Maiden Name}
Cause of Death *Primary* ^{How long sick} *Accident, Suicide, Homicide*
Immediate ^{Accident, Suicide, Homicide}
Reported by *Thomas Geesey, Undertaker*
Address *Luxistown Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Gordon Josephus Key

Town

Old Fields

County

Frederick

MARYLAND

Date

1903

Month

Jan

Day

27

Y.

M.

D.

1-5-2

Native of

Md

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Joseph Key

Mother's
Name

Mary E. Stely

Cause of

Primary

Meningitis

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Otis B. Nove

Address

Liberty Town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66963



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	3	Month <i>Jan</i>	Day <i>2</i>	Age <i>76</i>	Years	Months <i>4</i>	Days <i>16</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i>Lisbon Pa</i>				
Married, Single or Widowed <i>widowed</i>		Occupation <i>retired</i>					
Name of Wife or Husband <i>wife of Louis Kintz</i>							
Father's Name <i>— Gher</i>		<i>(1st name unknown)</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Mrs Grubill</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Parenchymatous Nephritis</i>	How long <i>2 years x</i>
Immediate <i>Uremia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. B. McK</i>
	Address <i>17 E 2nd St.</i>
Accident or Suicide? <i>no</i>	

2

Name
in
Full

CERTIFICATE OF DEATH

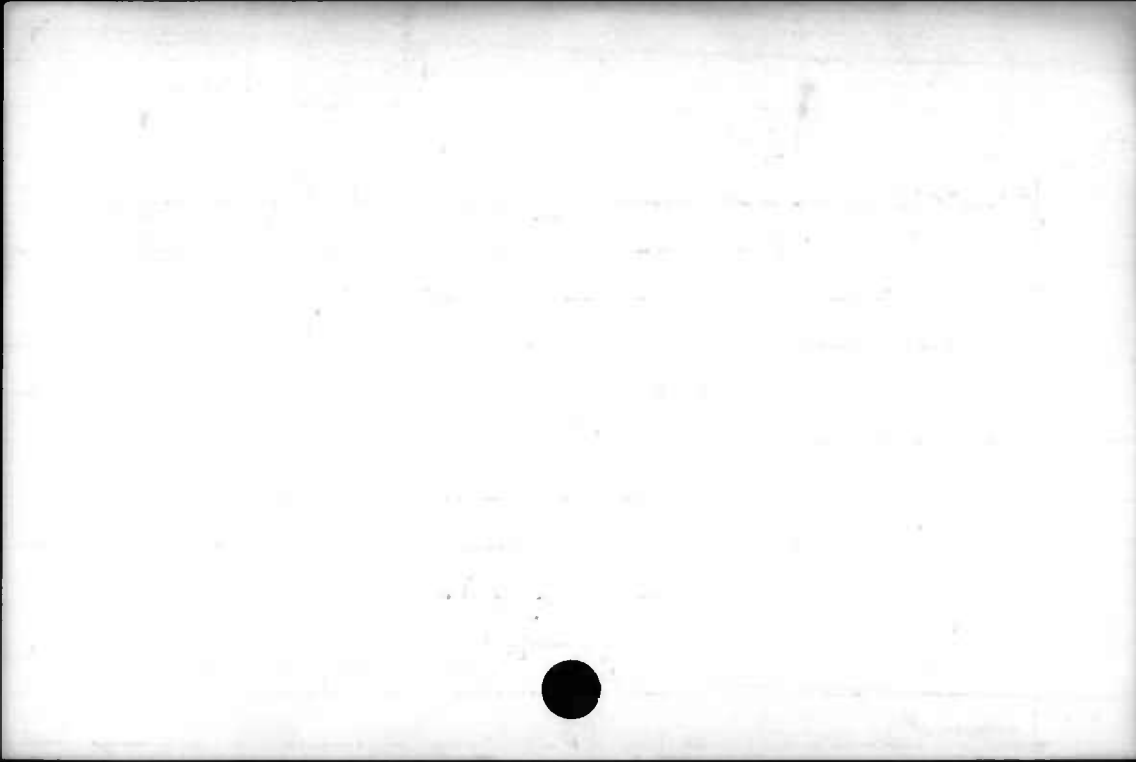
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Two weeks
Immediate	Anemia	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. J. Haffner, M.D.
		Address	Medicine
Accident or Suicide?			Med.



Name In Full

Certificate of Death

Emma Catharine Miller

Town

County

Died at

Baltimore Frederick

MARYLAND

Date 1903

Month	Day	Y.	M.	D.	Native of	Occupation
Jan	14	43	1	10	Mary Co	House Wife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Number of children living

3

Female

~~Colored~~~~Single~~~~Widower~~~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7000*



Name
in
Full

Intman Miller


CERTIFICATE OF DEATH

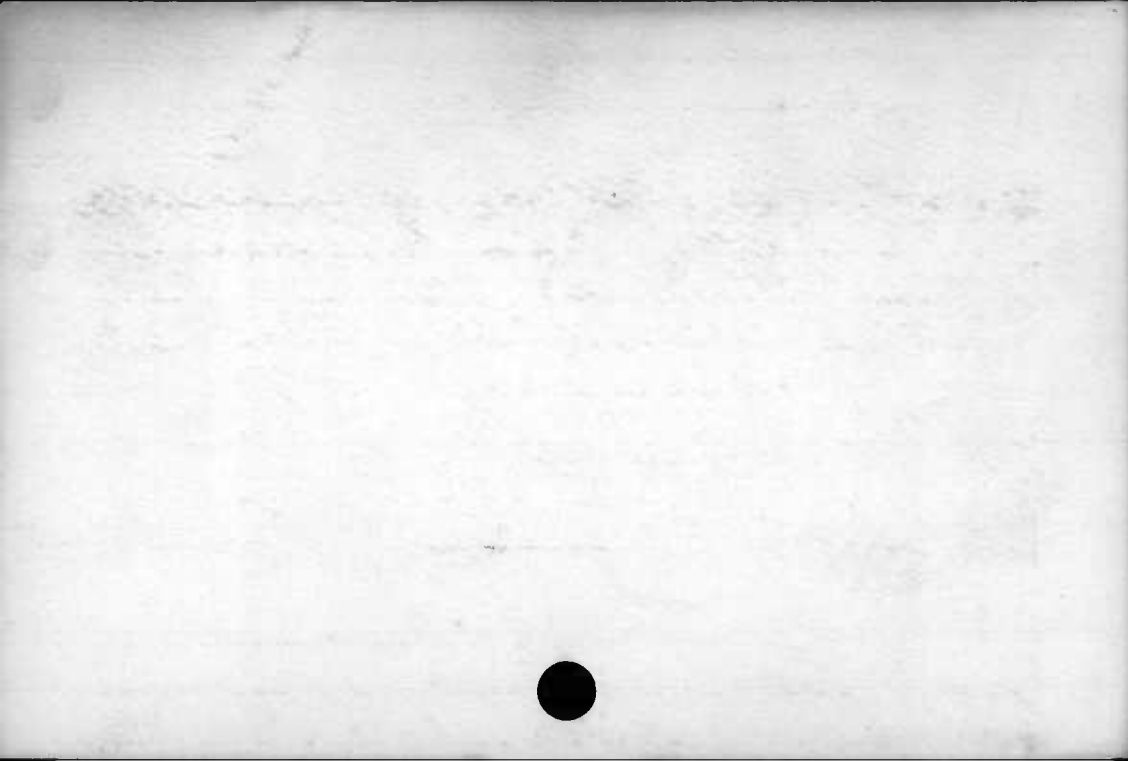
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	3	Month 1	Day 10	Age 7	Years	Months	Days
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth- place	<i>Frederick</i>
Married, Single or Widowed			<i>X</i>		Occupation	<i>X</i>	
Name of Wife or Husband			<i>X</i>		<i>X</i>		
Father's Name					<i>Lloyd Miller</i>		
Father's Birthplace					<i>Frederick Md</i>		
Mother's Maiden Name					<i>Clara Keene</i>		
Mother's Birthplace					<i>" "</i>		
Name of person giving In formation					<i>Clara " "</i>		
How related to deceased					<i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>two weeks</i>
Immediate	<i>Intestinal hemorrhage</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>W. L. Long</i>	
Address		<i>City</i>	
			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

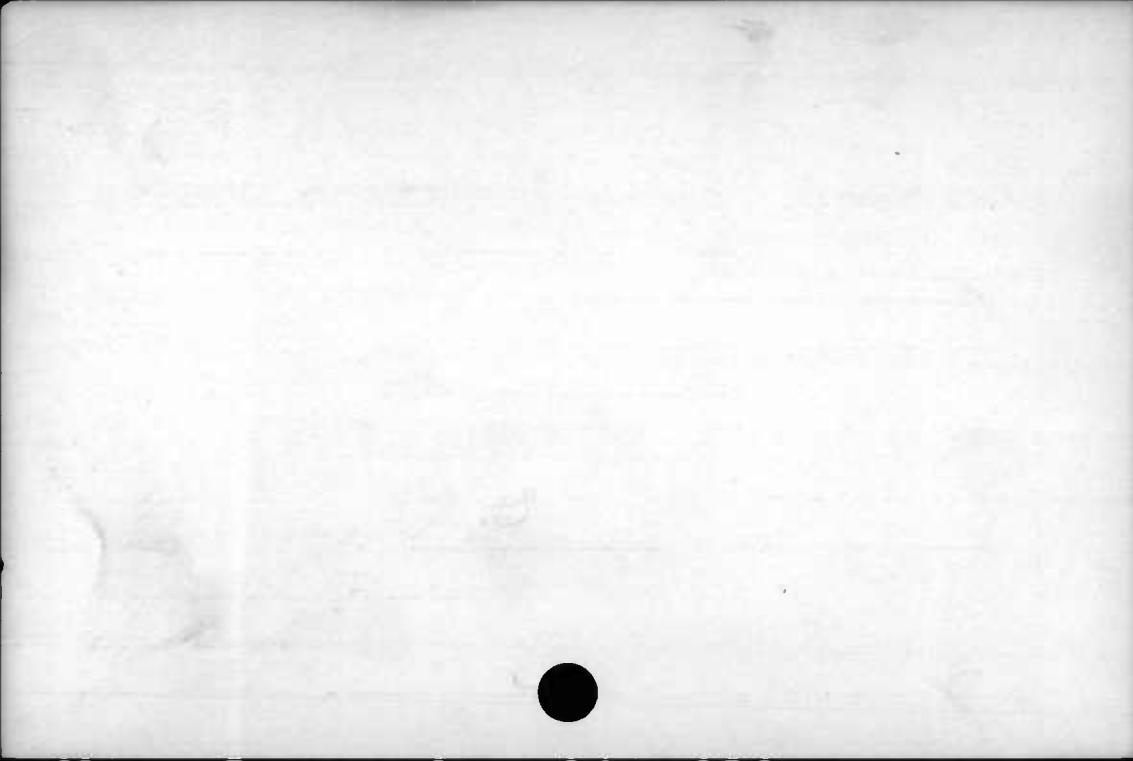
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monrovia</i> ^{Town}		<i>Frank</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Janu</i>	Day <i>28</i>	Age <i>68</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Married, Single or Widowed <i>+</i>			Occupation <i>Tramp</i>		
Name of Wife or Husband <i>+</i>					
Father's Name <i>+</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>Superintendent</i>			How related to deceased <i>+</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>93</i>	How long <i>1 week</i>
Immediate <i>Ordinary Pulmonary</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Maynard</i>	
	Address <i>17 Second St W.</i>	
<i>8</i> <i>Accident or Suicide?</i>		



Elizabeth Nash

Town

County

Died at

Johnsville

Frederick Co

MARYLAND

Date

90 3

Month Day

Jan 13

73

Y.

M.

D.

Native of

Occupation

Age

73-2-2

Md

Housewife

White

~~Married~~

Widow

~~Business~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

3.

~~Husband~~

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

How long sick

about 8 or 10 days

Death

Immediate

Weak heart 93

~~Accident, Suicide, Homicide~~

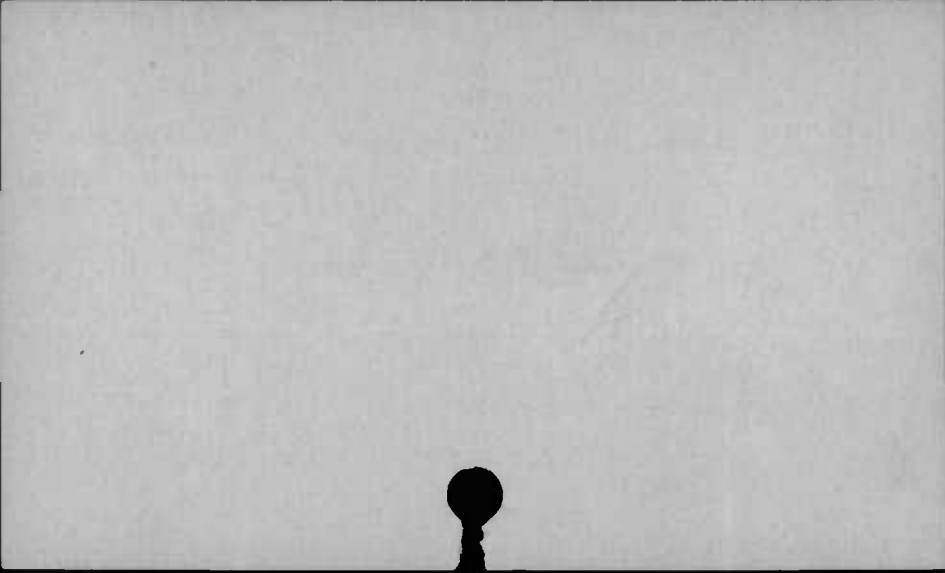
Reported by

F. H. Sidwell

Address

Johnsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles Onley.

CERTIFICATE OF DEATH

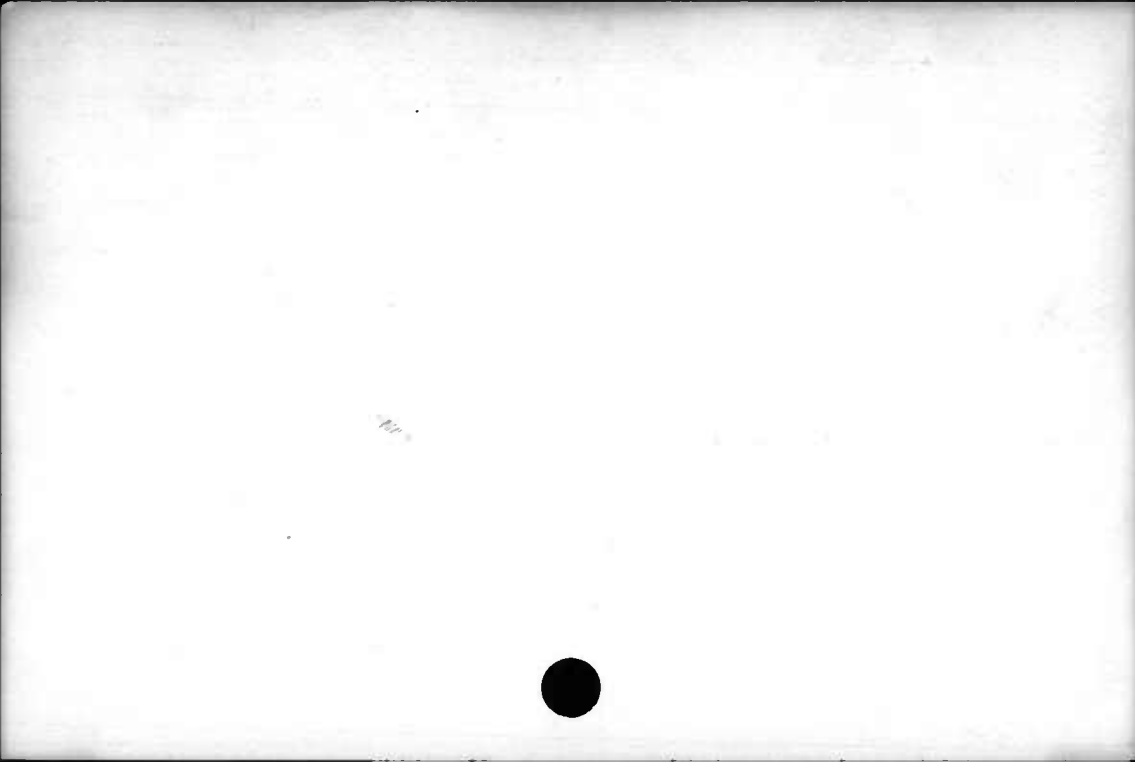
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Fredricks.</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 190	3	Month 1	Day 2	Age 33	Years 2	Months 2	Days 2
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Fredricks.</i>
Married, Single or Widowed	<i>Married</i>			Occupation <i>Tinner</i>			
Name of Wife or Husband		<i>Marta Hill</i>					
Father's Name		<i>Edward Onley</i>				Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name		<i>Mary Joyce</i>				Mother's Birthplace	<i>Ind.</i>
Name of person giving In formation		<i>Elizabeth Barnes</i>				How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hepatitis</i>	How long	<i>Indefinite</i>
Immediate	<i>Cholaemia</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<i>U. G. Bourne - M.D.</i>	
Address		<i>52 All Saint St. Frederick, Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Oliver Peters

Town

County

Died at near Urbana, Frederick

MARYLAND

Date 1903 Jan 23

Month

Day

Y.

M.

D.

Native of

Occupation

Age 82, 5 17

White Married

Female

Single

Widow

Number of children living

4

Husband of

Thos Peters

Wife

Father's Name

Jas N Burnside

Mother's

Name

Ann Talbot

Cause of

Primary

Phthisis -

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

E. E. Mullins M.D.

Address

Urbana

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993



Name in Full

Certificate of Death

Sarah Price

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

June

3

Age

85-10-19

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Apoplexy

How long sick

a few hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

T. Clyde Rountree M.D.

Address

Buckhams town

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ellery Price

Town

County

MARYLAND

Died at

Sicksville

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *08**1**1*

Age

*27**md**Servant*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband
of
Wife

Father's
Name

Geo Price

Mother's

Maiden Name

Cause of

Primary

Suppurating lungs.

How long sick

6 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

C. C. Conley

Address

*Adams town
md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

Columbia Prichard

CERTIFICATE OF DEATH

Town County
Died at *near Urbana Frederick* MARYLAND

Date of death 1903 Jan 19 - Age 74 Months 4 Days 1

Sex *Female* Color or Race *White* Birth-place *MD -*

Married, Single or Widowed *Married* Occupation

Name of ~~Wife~~ or Husband *Rufus H. Magruder*

Father's Name *Genl Prichard* Father's Birthplace

Mother's Maiden Name *Elizabeth Prichard* Mother's Birthplace

Name of person giving information *Harrod Magruder* How related *Widow*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Consumption* How long *17 years*

Immediate

Are the name, age, sex, color, date and place correctly given above?

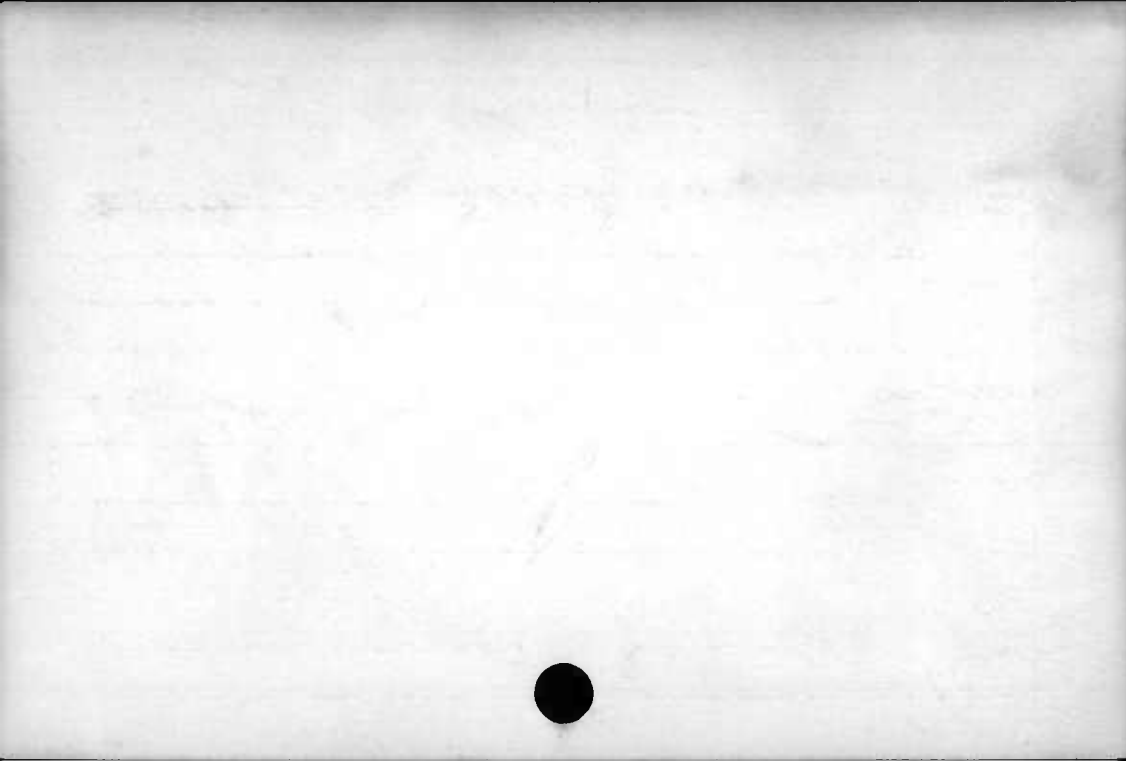
Signature of Physician

Address

E. E. Mullins
Urbana -
MD -

Accident or Suicide?

PHYSICIAN
OR CORONER

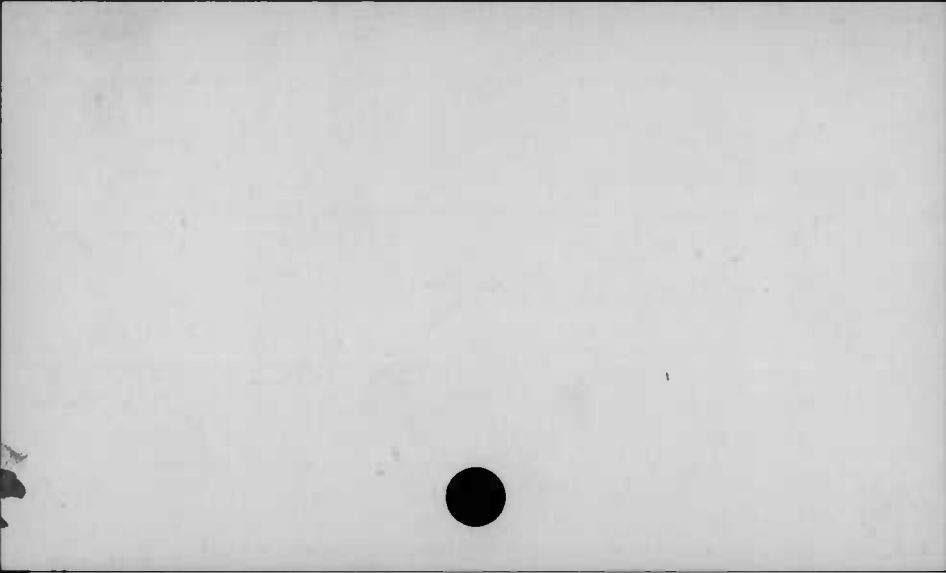


Name in Full

Certificate of Death

Name in Full *John Wesley Ridinger*
 near *Unionville* Town *Ford* County *MARYLAND*
 Died *1903* Month *1* Day *8* Y. *7* M. *29* D. *md* Native of *md* Occupation *—*
 Date *1903* Male *White* Married *Widow* Divorced *—*
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living *—*
 Husband of *—*
 Wife *—*
 Fether's Name *Robt. Ridinger* Mother's Name *Blanch Ridinger*
 Cause of Death *Measles* Primary *5 weeks* How long sick *5 weeks*
 Death *Group* Immediate *—* Accident, Suicide, Homicide *—*
 Reported by *J. P. Watz + Son F. D. + R.*
 Address *Winfield Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ernest Preston Rigler

Town

County

Died at

Unionville Frank.

MARYLAND

Date 1908	Jan. 17	Age 83	Native of Md	Occupation
Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband of

Wife

Father's

Name

Ernest W. Rigler

Maiden Name

Sallie E. Baumgardner

Cause of

Primary

This child was dead when seen

How long sick

Death

Immediate

Thick acute indigestion
Spasm

Accident, Suicide, Homicide

Reported by

Thomas P. Satterthwaite M.D.

Address

Unionville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Christopher Riegel

Died at *Middletown* Town *Frederick* County MARYLAND

Date *1903* *June* *27th* Age *78 1/2* Y. M. D. Native of *Germany* Occupation *Farmer*
Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐ Number of children living *one*
~~Female~~ ~~Colored~~ ~~Single~~

Husband of *Anna Mary Baker*
Father's Name *John J. Riegel* Mother's Name *Christine*

Cause of Death { Primary *General Debility* Immediate *Pneumonia + Bright's Disease* How long sick *13 days* *5 days*
Accident, Suicide, Homicide ☒

Reported by *A. A. Lamon, M.D.*

Address *Middletown, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name
in
Full

William F. Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>15</i>	Age <i>67</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	English		Birth-place <i>England</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Experienced Soldier</i>				
Name of Wife or Husband <i>Catherine</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Catherine Reames</i>			Mother's Birthplace		
Name of person giving information <i>F. Schroeder</i>			How related to deceased <i>Undertaker</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Probable organic heart disease</i>	How long <i>Indefinite</i>
Immediate <i>Failure of heart</i>	How long <i>Dropped dead</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. St. Luke M.D.</i>
	Address <i>Frederick</i>
	<i>md</i>
Accident or Suicide? <i>no</i>	



Elizabeth Smith

Town

County

Died at Near Emmitsburg Frederick

MARYLAND

Date 1903 January 13

Month

Day

Y.

M.

D.

Native of

Occupation

Age 86

House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 10

Husband of George Smith

Wife

Father's Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

Heart Failure

How long sick

Accident, Suicide, Homicide

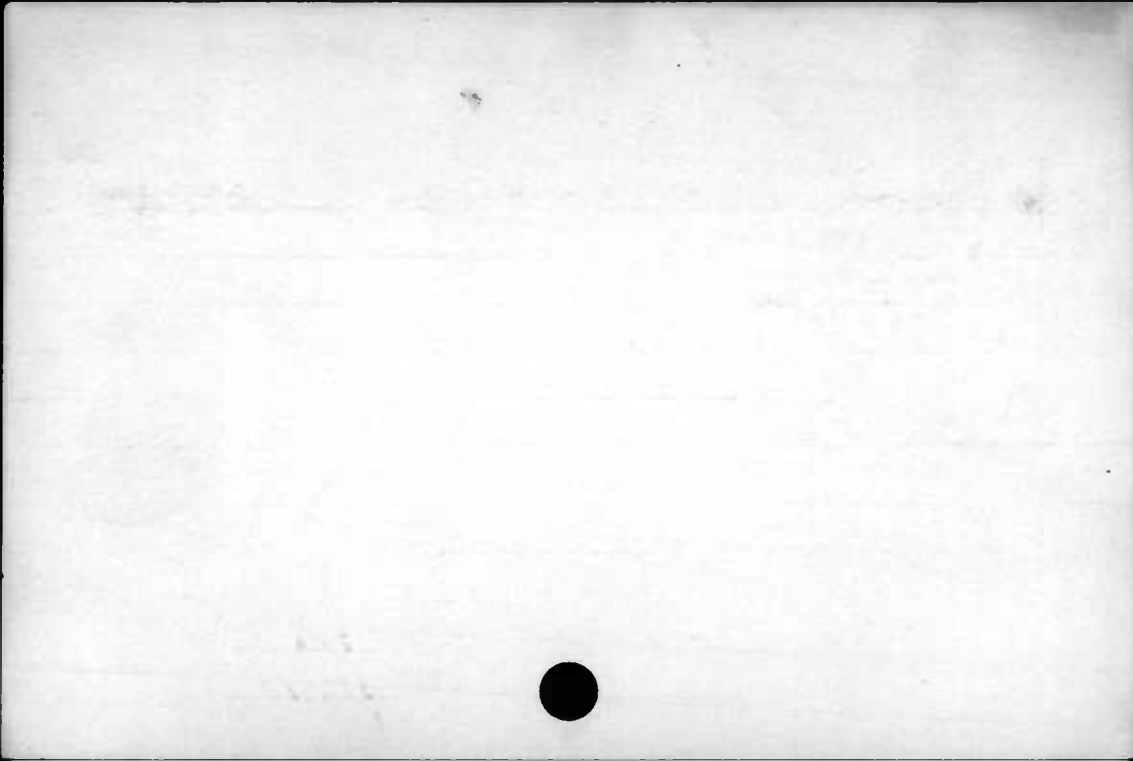
Reported by J. Richelberger

Address Emmitsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		M. Pleasant		Frederick		MARYLAND			
		Date of death 1903		Month 1		Day 1		Years 60		Months -	
		Sex Female		Color or Race Negro		Birth-place					
		Married, Single Widowed		Occupation		Domestic					
		Name of Wife or Husband		Binton Smith							
		Father's Name				Father's Birthplace					
PHYSICIAN OR CORONER		Mother's Maiden Name				Mother's Birthplace					
		Name of person giving information		J. S. Nicodemus		How related to deceased					
		CAUSES OF DEATH									
		Primary		Phthisis		How long		4 months			
Immediate				How long							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. S. Nicodemus		Address		Harkersville		Md.	
Accident or Suicide?											



Name
in
Full

Richard Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fountain Mills		County Frederick		MARYLAND	
Date / of death 1903	Month Jan.	Day 12	Age	Years 73	Months 9	Days 28	
Sex Male	Color or Race Colored		Birth- place Md.				
Married, Single or Widowed			Married		Occupation Laborer		
Name of Wife or Husband			Eliza Snowden				
Father's Name			William Snowden			Father's Birthplace Md.	
Mother's Maiden Name			Eliza Snowden			Mother's Birthplace Md.	
Name of person giving In formation			Harry Snowden			How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Debility	How long	10 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. T. Lewis	
Address		Under the Kempston me	
Accident or Suicide?			



Died at		Town <i>Middletown</i>		County <i>Fredenick</i>		MARYLAND	
Date		Month	Day	Y.	M.	D.	Native of
<i>1903</i>		<i>Jan.</i>	<i>30</i>	<i>-</i>	<i>-</i>	<i>24</i>	<i>md</i>
Age		Occupation					
<i>24</i>							
Male		White		Married		Widow	
Female		Colored		Single		Divorced	
						Number of children living	
Husband of							
Wife							
Father's Name		<i>Edward H. Inman</i>		Mother's Name		<i>Annie Leslie</i>	
Cause of		Primary		<i>Premature Birth</i>		How long sick	
Death		Immediate		<i>Pneumonia</i>		<i>4 days</i>	
						Accident, Suicide, Homicide	
Reported by		<i>A. A. Luman, M.D.</i>					
Address		<i>Middletown, Md.</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lula Spriggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month 1	Day 24	Years 29	Months 4	Days 13	
Sex Female		Color or Race Colored		Birth-place Jefferson			
Married, Single or Widowed Single		Occupation					
Name of Wife or Husband							
Father's Name Isaac Spriggs				Father's Birthplace Jefferson			
Mother's Maiden Name Theresa Thomas				Mother's Birthplace Jefferson			
Name of person giving information Theresa Thomas Spriggs				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paretic Dementia.	How long	Several months
Immediate	Convulsion, Exhaustion.	How long	6 hours.
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. M. G. Bourne	
		Address # 57 All Saints St.	
Accident or Suicide?			



Name in Full

Certificate of Death

Name in Full *Adam Harringfeltz*
 Died at *Holfsville* ^{Town} *Fredrick* ^{County} **MARYLAND**

Date 1903 *1-27* ^{Month Day} Age *74-9-22* ^{Y. M. D.} Native of *Md.* ^{Occupation} *Farmer*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *6*

Husband of *Catherine Marku*
 Wife *John Harringfeltz* ^{Father's Name} *Mary Leatherman* ^{Mother's Maiden Name}

Cause of ☒ Primary ☐ How long sick *15 days*
 Death ☒ Immediate *Apoplexy* ☐ *Went* ^{Accident, Suicide, Homicide}

Reported by *Ralph Browning*

Address *Myersville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elmore A. West

CERTIFICATE OF DEATH

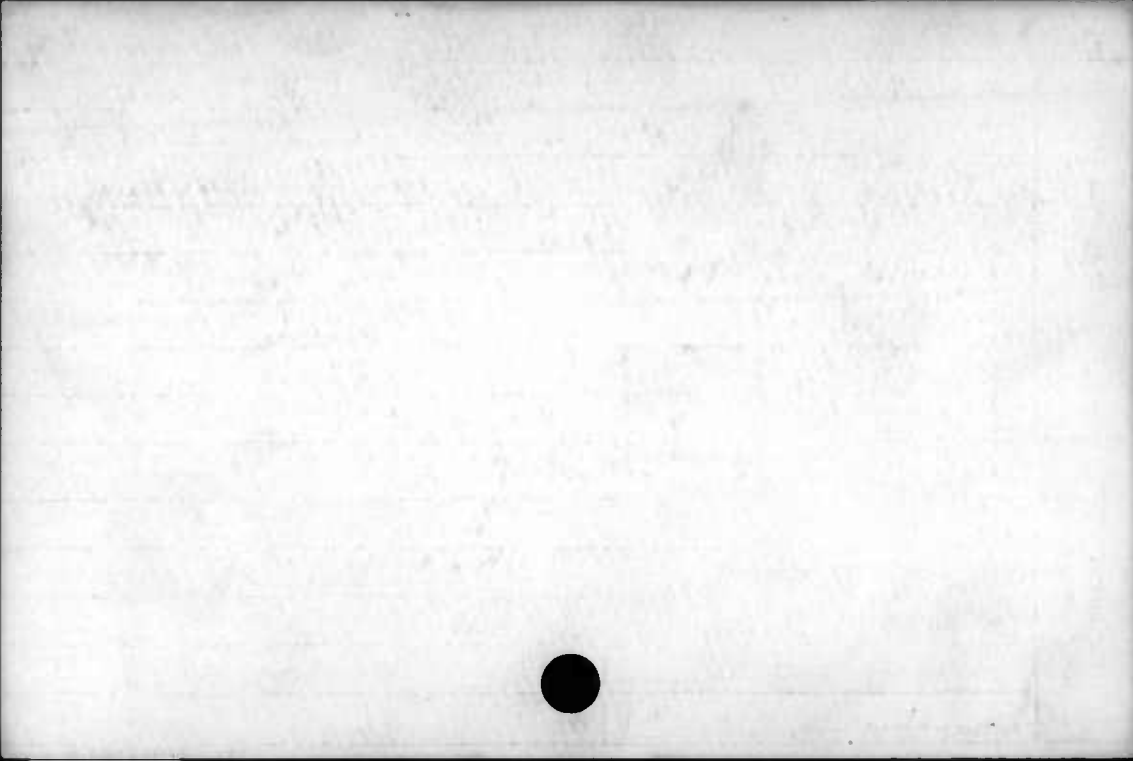
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Branamont		County Frederick		MARYLAND	
Date of death 1903	Month Jan	Day 25	Age 75	Years	Months	Days	
Sex Female	Color or Race white		Birth- place Ind				
Married, Single or Widowed		Married		Occupation House wife			
Name of Wife or Husband		O. M. West					
Father's Name		Patrick McGee			Father's Birthplace Ind.		
Mother's Maiden Name		Mary S. Hook			Mother's Birthplace Ind.		
Name of person giving information		Levin West			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	3 days
Immediate	"	How long	3
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Levin West	
Address		Branamont Ind. Co	
Accident or Suicide?			



Name
in
Full

Malinda Zollicoffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Monrovia</i>		Town <i>Fredrick</i>		County		MARYLAND	
Date of death 1903	Month <i>Jan.</i>	Day <i>1</i>	Age <i>67</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Fredk. Co. Md.</i>				
Married, Single or Widowed <i>married</i>			Occupation <i>Housewife</i>				
Name of wife or Husband <i>David K. Zollicoffer</i>							
Father's Name <i>Jos. Thompson</i>			Father's Birthplace <i>Fredk. Co. Md.</i>				
Mother's Maiden Name <i>Ellen H. Preston</i>			Mother's Birthplace <i>not known</i>				
Name of person giving information <i>Moses M. Thompson</i>			How related to deceased <i>Brother.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart disease</i>	<i>79</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	How long <i>died suddenly</i>
Signature of Physician <i>Phos H. Wallis Boardman</i>	Signature of Physician <i>Howard H. Hopkins Jr</i>
Address <i>New Market, Maryland</i>	
Accident or Suicide? <i>no</i>	

